Division of Health Service Regulation

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
		HAL001008	B. WING		03/26/2015	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY	STATE, ZIP CODE		
		HIGHWAY	49N 4516			
PLEASA	NT GROVE RETIREM	ENT HOME BURLING	TON, NC 2	7217		
(X4) ID	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES			ID PROVIDER'S PLAN OF CORRECTION		
PREFIX		MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)		
C 000	Initial Comments	•	C 000			
٠		Construction Survey by Billy iller conducted on 03/26/2015.		CONSTRUCTION SI		
		is facility was first licensed or		APR 27 20	5	
ĺ		sure on 09/25/1990 as a HA.		į		
	The facility is currer Therefore the facilit	ntly licensed for 12 Beds.		- RECEIVI	ED !	
		he applicable portions of the			land.	
	2005 Rules for Lice	nsing of Adult Care Homes of	-			
		s and applicable portions of				
	the 1978 (Revision Carolina Building C	10) Edition of the North				
		1987 Rules for Licensing of				
	Adult Care Homes	of Seven or More Beds in		-		
	effect at the time of	initial licensure,				
C 160	Outside Premises-0	Clean, Safe	C 160			
	(1) The outside gro			•		
-	the facility are not b due to clutter and a items store around	ration the exterior grounds of eing kept in a safe condition bandoned equipment. The the building could be a	.;			
	tripping hazard to the	ne residents.		. C-7500	FF 4-21-	
	Findings on 03/26/2	2015:		REMOVED + STOREDO	2015	
		ent such as power washers		OF PROPERTY		
		cables, and construction				
	ealth Service Regulation	ER/SUPPLIER REPRESENTATIVE'S SIGN	MATURE	TITLE	(X6) DATE	

Robert Mc Crmuck

Denus-Portner

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL001008		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING		(X3) DATE SURVEY COMPLETED 03/26/2015	
LEASA	NT GROVE RETIREN	MENT HOME	49N 4516		
	CI HOLODY ET		TON, NC 2	PROVIDER'S PLAN OF CORRECT	TION
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY PULL SCIDENTIFYING INFORMATION)	PREFIX - TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRIDEFICIENCY)	JLD BE COMPLETE
C 160	Continued From page 1 debris stored next to the building.		C 160	Renovab_70812K	FDT 4.21
				FROM PROPERTY	2015
C 164	Housekeeping and	Furnishings-Clean, Repaired	C 164		
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall:				
	 have walls, cei coverings kept clea have no chroni have furniture 	lings, and floors or floor an and in good repair; ic unpleasant odors; clean and in good repair; I apply to new and existing		,	
	A. Areas of the fac	et as evidenced by: illty and their furnishings are in and in good repair.			
	Staff Living Area The combination cluttered with trash	n bedroom and living area is	A -	VACUUMED TRASH	4-18-
-	 b. The carpet is stated trash. 	ained and dirty and littered with	38.	THOULLY CLEANED	4-18
	c. Furnishings are	dirty and dusty.	C.	CLEANED & REPLACEDS	OME 4-18
	d. The bathroom fluirty.	oor and walls and fixtures are	D.	CLEANED & WAVED	
	e. There is evidence and rodents as the	re is evidence of the presence of insects dents as there are traps for rodents and splaced in the area.		EACH MONTH DRKIN P 20-25 TRAPS AND ROD ANDTREATS THE BUT INSIDE THE FACILI	SIDE A 12.18-
	Front Porch - Charea are dirty, the repair or replacement	nairs and a bench on the porch finishes and upholstery need ent.	2.	CHAIRS CLEANED +: DISCARDED LEFT END CHAIRS FOR ONE FAM VISIT	16H 4.Z3

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17 continuation sheet 2 of 5 4-27-24(5

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY			
AND PLAN OF CORRECTION IDENTIFICATION N		IDENTIFICATION NUMBER:	A. BUILDING: 01		COMPLETED		
				1			
		HAL001008	B. WING		03/26/2015		
NAME OF F	ROVIDER OR SUPPLIER	STREET AD	DRESS CITY :	STATE, ZIP CODE			
TOTAL OF T	NOTIBER OR GOTTEEN		49N 4516				
PLEASA	NT GROVE RETIREM	ENT HOME	TON, NC 27	217			
(VA) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID.	PROVIDER'S PLAN OF CORRECTION	ON (X5)		
(X4) ID PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL	D BE COMPLETE		
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE DATE		
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
C 166	Continued From pa	ge 2	C 166		1 1		
C 166	Housekeeping-Mair	ntained Free of Hazards	C 166				
. ,	SECTION .0300 - F						
		06 HOUSEKEEPING AND	į	f in the second			
1	FURNISHINGS	an alkall:					
	(a) Adult care home	in an uncluttered, clean and					
		e of all obstructions and					
	hazards;	o or an obstractions and					
		apply to new and existing	l.		. ,		
	facilities.						
		et as evidenced by:					
		vation a hazard is present due	Į		1		
		the backflow of contaminated					
	water into the dome	estic water supply.			15.21.		
	Finding from 03/26	2015:	1	INSTALLED VACUUM H BREAKEL BETWEEN H	4.21-		
		attached to a mud sink faucet	1	INSTACUS DISTUEEN H	2013		
		om of the sink and does not	1	BREAKEL BE			
		aker/anti-siphon device	l	AND FAUCET	1		
	installed.		İ	11111			
		vation a hazard is present,			1		
		nt does not have required			1 1		
	piping installed.		1				
	Cinding from 02/26	2015:			اء در ا		
	Finding from 03/26	oset - A water heater does not	l	INSTALLED PIPING TO	2015		
		ted to the pressure relief valve	i	TASTACTO	2015		
		s required to direct hot water		PRV.			
		at would be released under	1	,			
	pressure should the	e PRV activate.					
C 189	Building Equipment	t Maintained Safe, Operating	C 189				
	OFFICE COSC :	TINGICAL DI ANT					
	SECTION .0300 - F						
	10A NCAC 13F .03 REQUIREMENTS	OHER .					
	KEQUIKEMEN 13						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				3) DATE SURVEY COMPLETED	
HAL001008			B. WING		03/26/2015		
	PROVIDER OR SUPPLIER	LINGUINA		STATE, ZIP CODE			
PLEASA	NT GROVE RETIREM	EN CHOME	' 49N 4516 TON, NC 2	7217			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON .	(X5)	
PREFIX TAG	REGULATORY OR L	MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE PRIATE	COMPLETE	
C 189	Continued From page 3		C 189				
	 (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) 					-	
	This Rule is not me	y to existing facilities. t as evidenced by: ent is not being in a safe	-				
- *************************************	Finding from 03/26/2 1. Laundry - An electable is partially detaexposing live curren A. Based on observe equipment was not resafe condition. In the	trical outlet above the folding sched from the wall potentially t carrying parts and wiring.		REPAIRED DUTLET		4-17 - 2015	
	all facility occupants contained in the root Finding from 03/26/2 1. Community Bath/s from the room to the preventing it from clo	If fire and smoke are not m of origin. 2015; Shower Room - The door corridor hits the door frame using and latching.		ADJUSTED THE DOOR NOW CLOSES & LATCHE	IT W	4-17- 2015	
	facility is not maintal and gaps in construc- fire resistant rated or rating. Compromised construction could at	fect the facility occupants if not contained in the room of					

PRINTED: 04/14/2015 Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: 01 COMPLETED HAL001008 B. WING _ 03/26/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE PLEASANT GROVE RETIREMENT HOME HIGHWAY 49N 4516 BURLINGTON, NC 27217 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) (X5) COMPLETE TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) C 189 Continued From page 4 C 189 THIS PIPE WAS SEALED Pantry - There is an open ended pipe sleeve 4-17for communication cable penetrating the fire WITH FIRE BARRIER CALK 2015 resistant rated ceiling. MEETS ASTM E8141+ UL 1479 - UL 2079

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